

Foster Family Home - Corrective Action Report

Provider ID: 1-000072

Home Name: Arlene Manuel, CNA

Review ID: 1-000072-5

1585 Laulani Street

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 4/23/2018

End Date: 4/23/18

Foster Family Home Required Certificate


[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 4/23/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.



Compliance Manager

4/23/18
Date



Primary Care Giver

4-23-18
Date